**Division of Health Care Finance and Policy**
**Claims Update – February 23, 2009**
**Special Circumstances Application Coding Requirements**

**Issue:** This notice serves as an update to the December 3, 2008 provider distribution regarding the deployment of the Special Circumstances Application on January 5, 2009. The update provides information relative to the coding of the claim that is required for submission of Confidential (HSN Claim Type = CA) and Medical Hardship (HSN Claim Type = MH) Claims.

**Update:** Providers using the Special Circumstances application will receive an application ID. A key component of the claims processing will require an exact match on at least two of the following identifiers: Application ID, applicant name and/or applicant SSN. Providers should check to ensure the accuracy of information in these fields to help expedite claims processing. Providers can locate an Application ID by viewing their Special Circumstances Application List on INET.

To minimize denials related to claims processing, providers should ensure that applications have been submitted via the Special Circumstances Application. Claims should not be submitted based on the previous Free Care "Desktop" Application; rather, providers should submit a Special Circumstances Application in order for the claims processing "match", as outlined above to occur.

Below are guidelines for providers to follow regarding Medical Hardship and Confidential Application billing specifications. Method assumes that no other insurance is on the account and the subscriber/patient has requested that the services coming into the HSN system are to remain anonymous to the household. Presented are the loops and segments that apply to this situation; however other loops and segments (as noted in the 837 claim specifications) are required for appropriate billing compliance beyond the structure presented below.

Loop 2000B, SBR01 = P; SBR04 = CA (Confidential) **OR** MH (Medical Hardship); SBR09 = 09 - **Required**

Loop 2300, CLM02 = Total Charges equal all SV2s in Loop 2400 - **Required**

Loop 2300, AMT01 = C5; AMT02 = Total Charges – All Contractuals and/or Write-offs [as determined by the provider*]. (This AMT reports how much the provider is seeking from HSN* – **required**)

Loop 2300, AMT01 = F5; AMT02 = cumulative Subscriber/Patient payments to the provider *(This AMT reports how much the provider already collected from the Subscriber/Patient* – **situational not optional**)

Loop 2300, REF01 = G1; REF02 = Special Circumstance **OR** Free Care Desktop Authorization to submit claims towards an application. *(837 claims received without these data elements will deny; information is received via application process from Health Safety Net* – **required**)

Loop 2300, K3 = Present on Admission indicators for Inpatient Claims – **situational not optional**

The Division will notify providers once these edits are ready for testing. Providers will then have a two (2) week period to test the edits and submit feedback to the Division prior to the edits being moved to production.

Providers with questions regarding this update or the Special Care Circumstances Application should contact the Division's Claims Customer Support Center at (866) 697-6080.